

## CHA Workplace Violence Survey

### Introduction

In response to the increased instances of workplace violence within the medical community, the Colorado Hospital Association (CHA) is conducting a survey of Colorado hospitals/health care systems to understand the current landscape of preventing and addressing workplace violence (WPV). The intended use of this data is for the creation of a WPV best practices toolkit and for use in advocating for additional resources that hospitals may need related to WPV. Individual responses are confidential. All participants will receive a report with aggregate data. CHA will never attribute specific responses to specific hospitals.

Only one survey should be submitted per hospital. Please coordinate responses between departments. A PDF version of the survey has been provided in the invitation email to facilitate internal discussions prior to submitting the final responses.

Definitions in this survey are consistent with those adopted by the Occupational Safety and Health Administration (OSHA) and the International Association for Health Care Security and Safety (IAHSS), including the definition of workplace violence as follows:

*Workplace Violence (WPV): Any act or threat of physical or verbal violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.*

If you have questions about this survey or the work CHA is doing around WPV, please contact Lyle Moore at [Lyle.Moore@cha.com](mailto:Lyle.Moore@cha.com)

## CHA Workplace Violence Survey

### WPV Program Information

\* 1. Does your facility have a committee/group of any kind that oversees WPV programs and initiatives?

- ☐ Yes  
☐ No

\* 2. What is the title/role of the individual who leads the committee/group?

- ☐ Security director  
☐ Facilities director  
☐ Risk director  
☐ Chief medical officer  
☐ Chief nursing officer  
☐ Chief quality officer or director  
☐ Chief operating officer  
☐ Chief executive officer  
☐ Not applicable

Other (please specify)

3. Briefly describe the roles and departments represented on the committee/group:

\* 4. How often does the committee/group meet?

- ☐ Multiple times per week
- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Not applicable

Other (please specify)

\* 5. What is the role of the committee/group? Check all that apply:

- ☐ Develop and Implement WPV Initiatives
- ☐ Review WPV incidents
- ☐ Analyze Data
- ☐ Make WPV recommendations to leadership/administrators
- ☐ Make WPV recommendations to frontline care staff
- ☐ Make WPV recommendations to the facility's board of trustees
- ☐ Develop WPV Policy
- ☐ Attend WPV education/conferences on behalf of the facility
- ☐ Facilitate regular training/education for staff on WPV
- ☐ Not applicable

Other (please specify)

\* 6. Do you conduct an annual in-depth review and analysis of the WPV programs and initiatives at your facility?

- ☐ Yes
- ☐ No

## WPV Training and Education

\* 7. Which of the following are included as part of staff training related to WPV? Check all that apply:

- ☐ Definition of WPV
- ☐ Roles and responsibilities of leadership
- ☐ Roles and responsibilities of clinical staff
- ☐ Roles and responsibilities of security staff
- ☐ Roles and responsibilities of law enforcement
- ☐ De-escalation training
- ☐ Non-physical intervention skills
- ☐ Physical intervention skills
- ☐ Patient risk assessment
- ☐ Anti-bias training
- ☐ Diversity, Equity, and Inclusion (DEI) training
- ☐ Facility alert systems and safety codes
- ☐ Support and self-care resources
- ☐ Emergency incident response
- ☐ Reporting of WPV incidents
- ☐ None of the above - my facility does not provide WPV training

Other (please specify)

\* 8. Which of the following de-escalation trainings are offered at your facility? Check all that apply:

- ☐ Crisis Prevention Institute (CPI)
- ☐ Techniques for Effective Aggression Management (TEAM)
- ☐ MOAB
- ☐ Essentials of Aggression Management (EOAM)
- ☐ Safety Care
- ☐ Essentials of Aggression Management
- ☐ Assessment, Communication, and Tactics (ACT)
- ☐ Safewards Model
- ☐ Mandt System
- ☐ AVADE De-escalation Training
- ☐ Defuse De-escalation Training
- ☐ Verbal Judo/Verbal Defense and Influence (Vistelar)
- ☐ None of the above - my facility does not provide de-escalation training

Other (please specify)

9. Briefly describe how de-escalation training is implemented. (Do all staff receive the same training? How is initial training different from renewal training?)

10. Aside from de-escalation training, briefly describe any other forms of WPV training and its intended audience:

\* 11. When does WPV training occur? Check all that apply:

- ☐ During onboarding
- ☐ As new training becomes available
- ☐ Annually
- ☐ Twice annually
- ☐ Quarterly
- ☐ Following a major WPV incident
- ☐ It does not occur

Other (please specify)

\* 12. What education do **patients and visitors** receive related to WPV? (For example, posted signs and policies. If none, type "N/A".)

13. Has your facility created any unique WPV prevention programs? If so, please briefly describe:

## CHA Workplace Violence Survey

### Security Infrastructure

\* 14. What forms of security monitoring are utilized by your facility? Check all that apply:

- ☐ Security staff at entrances
- ☐ Security guard rounds - inside facility
- ☐ Security guard rounds - outside facility (such as parking lots)
- ☐ Local law enforcement posted at the facility

Other (please specify)

\* 15. Which best describes the employment structure for security staff? Check all that apply:

- ☐ In-house employed
- ☐ Contracted security
- ☐ Contracted off-duty law enforcement
- ☐ Volunteer

Other (please specify)

16. Including employed and contract personnel, approximately how many full-time security officers does your facility have? (Enter a whole number.)

\* 17. What internal forms of WPV monitoring/mitigation are utilized by your facility? Check all that apply:

- ☐ Internal audio and/or video surveillance
- ☐ Intercom system
- ☐ Code system (e.g., code gray, code pink)
- ☐ Patient observation checks (e.g., 15-minute checks, 5-minute checks, 1:1 monitoring)
- ☐ Patient precaution indicators (e.g., Assault Precautions)
- ☐ Security staff at entrances
- ☐ Security guard rounds - inside facility
- ☐ Security guard rounds - outside facility (such as parking lots)

Other (please specify)

18. What external forms of WPV monitoring/mitigation are utilized by your facility? (For example, law enforcement coordination, recorded calls, social media monitoring)

\* 19. What patient risk assessments are used to help prevent WPV? Check all that apply:

- ☐ Historical Clinical Risk Management-20
- ☐ Short-Term Assessment of Risk and Treatability
- ☐ Violence Risk Screening-10
- ☐ Broset Violence Risk Checklist
- ☐ STAMP Violence Assessment
- ☐ M55 Violence Risk Assessment
- ☐ Classification of Violence Risk
- ☐ Dynamic Appraisal of Situational Aggression
- ☐ Level of Service Inventory-Revised
- ☐ Psychopathy Checklist-Revised
- ☐ Psychopathy Checklist Screening Version
- ☐ Violence Risk Appraisal Guide
- ☐ Violence Risk Scale
- ☐ Patient Behavioral Indicators Within Chart
- ☐ None of the above - my facility does not utilize a standardized risk assessment

Other (please specify)

\* 20. When an incident of WPV occurs, which of the following resources are available to staff?

Check all that apply:

- ☐ Dialectical behavior therapy / cognitive behavioral therapy classes
- ☐ Preventative counseling services
- ☐ Employee Assistance Programs (EAPs)
- ☐ Regular meetings with supervisor
- ☐ Mentor program
- ☐ Critical incident debriefing
- ☐ Temporarily perform alternative role at facility
- ☐ Staff debrief
- ☐ Counseling
- ☐ Psychological first aid
- ☐ Periodic health assessments
- ☐ None of the above - my facility does not currently provide resources after an incident of WPV occurs

Other (please specify)

\* 21. Does your facility offer time off for staff who have been involved in an incident of workplace violence to facilitate any legal processes? (Court appearances, etc.)

- ☐ Yes, paid time off
- ☐ Yes, unpaid time off
- ☐ No, we do not provide time off to facilitate legal processes

\* 22. What physical containment resources are available to your security staff? Check all that apply:

- ☐ Pepper spray
- ☐ Firearm
- ☐ Taser
- ☐ Canine
- ☐ Physical management
- ☐ Seclusion
- ☐ Soft restraints
- ☐ Mechanical restraints

Other (please specify)

## CHA Workplace Violence Survey

### Weapons Screening

\* 23. Does your facility policy allow for firearm possession on hospital grounds among any of the groups identified below?

	Open Carry	Concealed Carry
Patient	<div></div>	<div></div>
Visitor	<div></div>	<div></div>
Staff	<div></div>	<div></div>

24. If an individual arrives at the hospital in possession of a firearm, how does the hospital respond? (Does this response change if the individual is a patient, visitor, or staff? Is there a lockbox offered?)



\* 25. In which areas of the hospital are screens actively performed? Check all that apply:

- ☐ Emergency department
- ☐ Inpatient units
- ☐ Ambulance bays
- ☐ My facility does not actively screen for weapons

Other (please specify)

## CHA Workplace Violence Survey

### WPV Data and Reporting

\* 26. Does your organization track incidents of WPV?

- ☐ Yes
- ☐ No

\* 27. Are you familiar with the International Association for Healthcare Security and Safety (IAHSS) data framework?

- ☐ Yes
- ☐ No

\* 28. Is your facility tracking WPV in accordance with the IAHSS data framework?

- ☐ Yes
- ☐ No
- ☐ To some extent
- ☐ Unsure

29. If you answered yes or to some extent above, please briefly describe how:

\* 30. What internal mechanisms are used for reporting incidents of WPV? Check all that apply:

- ☐ Security incident reporting systems
- ☐ Workers' compensation program
- ☐ Risk management system
- ☐ Quality/patient safety reporting system

Other (please specify)

31. Are incidents of WPV reported to any other entities or databases? If so, list them below:

\* 32. In 2023, approximately how many total incidents of workplace violence were reported at your facility? Reminder that workplace violence is defined as any act or threat of physical or verbal violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. (Enter a whole number.)











\* 33. Do you believe WPV incidents are underreported at your facility?

- ☐ Yes
- ☐ No

\* 34. Relative to other issues and challenges your organization is navigating, how concerning is WPV?

- ☐ Highly concerning; it is our single most pressing issue.
- ☐ Very concerning; it is among our top three issues.
- ☐ Concerning; it is among our top five issues.
- ☐ Somewhat concerning; it is among our top 10 issues.
- ☐ Not concerning; it is an issue but our priorities are elsewhere.

\* 35. Relative to each other, at what frequency are the following roles victims of WPV? Rank from most frequent at the top to least frequent at the bottom:

-  Registered nurse
-  Nurse aid/nurse assistant
-  Physician/advanced practice provider
-  Non-nursing care technician (phlebotomy, x-ray technician, etc.)
-  Financial services
-  Dietary services
-  Environmental services
-  Security guard
-  Family member or visitor
-  Patient

\* 36. How concerned is your facility's leadership about WPV occurring within the following locations of your facility over the next month:

	Not very concerned	Not concerned	Neutral	Concerned	Very concerned
Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Clinical Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking Lot/Campus Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CHA Workplace Violence Survey

### Additional Feedback

37. What are barriers to preventing WPV at your facility?

38. How can CHA better support members in preventing WPV? What resources would be helpful?

## CHA Workplace Violence Survey

### Hospital Information

\* 39. Which hospital do you represent?

\* 40. What is the name of the person completing this form?

**Title**

**First name**

**Last name**

\* 41. What is the email address of the person completing this form?

**Email address**

## CHA Workplace Violence Survey

### Building Momentum

42. To help build a network of Colorado hospital and health system leaders who are actively working on WPV, please list anyone who should be included in future communication related to WPV:

Person 1 Name:

Person 1 Title:

Person 1 Email:

Person 2 Name:

Person 2 Title:

Person 2 Email:

Person 3 Name:

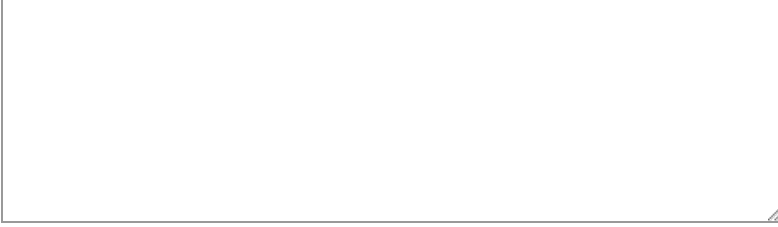
Person 3 Title:

Person 3 Email:	<input type="text"/>
Person 4 Name:	<input type="text"/>
Person 4 Title:	<input type="text"/>
Person 4 Email:	<input type="text"/>
Person 5 Name:	<input type="text"/>
Person 5 Title:	<input type="text"/>
Person 5 Email:	<input type="text"/>
Person 6 Name:	<input type="text"/>
Person 6 Title:	<input type="text"/>
Person 6 Email:	<input type="text"/>
Person 7 Name:	<input type="text"/>
Person 7 Title:	<input type="text"/>
Person 7 Email:	<input type="text"/>
Person 8 Name:	<input type="text"/>
Person 8 Title:	<input type="text"/>
Person 8 Email:	<input type="text"/>
Person 9 Name:	<input type="text"/>
Person 9 Title:	<input type="text"/>
Person 9 Email:	<input type="text"/>
Person 10 Name:	<input type="text"/>
Person 10 Title:	<input type="text"/>
Person 10 Email:	<input type="text"/>

CHA Workplace Violence Survey

Conclusion

43. Thank you for completing this survey! Last question: Do you have any additional comments or feedback related to WPV that were not covered previously in this survey?

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional comments or feedback. In the bottom right corner of the box, there is a small, faint icon of a pencil, indicating that the box is for text input.